

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90016 039 ***150.00

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1. Entity Name

TWIN SOD CORP.



Principal Place of Business

2523 W MAIN STREET
TAMPA FL 33607

Mailing Address

2523 W MAIN STREET
TAMPA FL 33607

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2305 W. Saint Isabel St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Zip

Country

Zip

Country

33607

U.S

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-0351528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELGADO, FELIPE
2523 W MAIN STREET
TAMPA FL 33607

Name

Street Address (P.O. Box Number is Not Acceptable)

2305 W. Saint Isabel St.

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and filer (application).

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	DELGADO, FELIPE	
STREET ADDRESS	2523 W MAIN STREET	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	SD	☐ Delete
NAME	DELGADO, JUAN F	
STREET ADDRESS	2523 W MAIN STREET	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	T	☐ Delete
NAME	RODRIGUEZ, ZOCIMA	
STREET ADDRESS	2523 W. MAIN ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☒ Change ☐ Addition
NAME	Delgado, Felipe	
STREET ADDRESS	2305 W. Saint Isabel St.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	S.O.	☒ Change ☐ Addition
NAME	Delgado, Juan F.	
STREET ADDRESS	2305 W. Saint Isabel St.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	T	☒ Change ☐ Addition
NAME	Rodriguez, Zocima	
STREET ADDRESS	2305 W. Saint Isabel St.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Felipe Delgado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08 (813)215-7103

Date

Daytime Phone *